

**DOE-STD-1112-98**

**ATTACHMENT A**

**DEPARTMENT OF ENERGY  
APPLICATION FOR ACCREDITATION  
FOR INDIRECT RADIOBIOASSAY**

1. DOE site or facility: \_\_\_\_\_

2. DOE Operations/Field Office: \_\_\_\_\_

3. Other DOE facilities using your laboratory for radiobioassay:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Contractor laboratory identification, if outside service is used:

\_\_\_\_\_

5. Name of authorized representative for Indirect Radiobioassay DOELAP accreditation:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

Backup Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

6. Shipping Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attn: \_\_\_\_\_ Telephone: \_\_\_\_\_

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7. List all measurement protocols and/or systems, by name, for which accreditation is sought and place an (x) in the box next to the appropriate category (see Table II and ANSI N13.30 for an explanation of each category).

## Indirect Radiobioassay

<u>Measurement Category</u>	<u>Test Nuclide</u>	<u>Fecal</u>	<u>Urine</u>
I. BETA activity: Avg. Energy <100 keV	Category Accreditation	[ ]	[ ]
	Hydrogen-3	[ ]	[ ]
	Carbon-14	[ ]	[ ]
	Sulfur-35	[ ]	[ ]
	Radium-228	[ ]	[ ]
II. BETA activity: Avg. Energy \$100 keV	Category Accreditation	[ ]	[ ]
	Phosphorus-32	[ ]	[ ]
	Strontium-89/-90 or Strontium-90	[ ]	[ ]
III. ALPHA activity isotopic analysis	Category Accreditation	[ ]	[ ]
	Thorium-228/-230 or Thorium-232	[ ]	[ ]
	Uranium-234/-235 or Uranium-238	[ ]	[ ]
	Neptunium-237	[ ]	[ ]
	Plutonium-238 or Plutonium-239/240	[ ]	[ ]
	Americium-241	[ ]	[ ]
IV. Elements (mass/volume)	Uranium		[ ]
V. GAMMA (photon) activity	Category Accreditation	[ ]	[ ]
	Cesium-137	[ ]	[ ]
	Cobalt-60	[ ]	[ ]
	Iodine-125	[ ]	[ ]

8. For each measurement protocol and system listed above, summarize important features, describing type of counting system, counting configuration, data reduction, MDA, peak identification (if applicable), and energy calibration.
9. For each service, state whether it is processed in-house, in a commercial laboratory, or in another government facility.
10. Describe the efficiency calibration and routine counting procedures used in the indirect radiobioassay measurement.
11. Submit a QA plan or manual for the radiobioassay program in which accreditation is sought.

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By authorizing this application you affirm that you are aware that if accreditation is granted to your organization, the accreditation applies to the indirect radiobioassay services using the specific measurement systems and protocols in the categories requested and using the measurement techniques that were used to demonstrate satisfactory performance in accordance with the ANSI N13.30. You will be expected to use the same system(s) and techniques in the normal measurement(s) you perform.

The contractor or service laboratory has the responsibility to inform the PEPA prior to implementing changes (e.g., in counting systems or analytical procedures) that could affect the system performance. The contractor or service laboratory shall provide evidence supporting a conclusion that the proposed changes are technically equivalent to the accredited system or procedure. The PEPA, with the Oversight Board's approval, shall make a determination of technical equivalence. If the determination is that the proposed changes are not technically equivalent, implementation of the proposed changes by the service laboratory will void accreditation.

I hereby authorize this application and attest that all statements made are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Authorized Representative:

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Operations / Field Office Review:

In authorizing this application you declare that you commit the DOE Contractor to:

- C Be examined and audited, initially and on a continuing basis during the accreditation period.
- C Permit the on-site assessors to review and examine records or other documents required by the DOE Technical Standard.
- C Participate in proficiency testing programs that will be required for maintaining accreditation.

Authorized Operations / Field Office Representative:

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_